

Appendix A

Risk Assessment Tools from State Agencies

- **Risk Assessment Tools from DSHS - Pages A-1 through A-5**
 - DSHS staff uses this tool to assess risks in conjunction with monitoring contracts.
 - Contact the DSHS Central Contracts Section at (360) 664-6071 for more information.

- **Risk Assessment Tool from CTED, Office of Crime Victim Advocacy - Pages A-6 through A-15**
 - This tool is used by one unit within CTED to assess risks.
 - Contact the Office of Crime Victim Advocacy at (360) 725-2898 for more information.

RISK ASSESSMENT WORKSHEET

Service: _____

Estimated Hours per Week Available
for Contract monitoring: _____

Total # of Contracts: _____

Monitoring Activities

Activity

Who Performs this Activity?

- ☐ Contractor written self-assessment _____
- ☐ Review of contractor invoices/documentation _____
- ☐ Review of billing and payment history _____
- ☐ Review of contractor reports _____
- ☐ Social worker contact with clients _____
- ☐ Survey of clients _____
- ☐ Survey of social workers _____
- ☐ Off-site questionnaire (desk monitoring) _____
- ☐ On-site inspection or visit _____
- ☐ Review of contractor audit reports _____
- ☐ Review of contractor corrective action plans _____
- ☐ Licensing inspection _____
- ☐ Program monitoring _____
- ☐ Performance verification from other sources _____
- ☐ Review of other resources _____
- ☐ On-site visits for other than monitoring _____
- ☐ _____
- ☐ _____
- ☐ _____

Mandatory Monitoring Activities
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Activity**Estimated Hours a Week**

<input type="checkbox"/> Review contractor invoices	<hr style="border: 0; border-top: 1px solid black;"/>
<input type="checkbox"/> Review contractor reports	<hr style="border: 0; border-top: 1px solid black;"/>
<input type="checkbox"/> Review contractor audit reports	<hr style="border: 0; border-top: 1px solid black;"/>
<input type="checkbox"/> Review contractor correction action plans	<hr style="border: 0; border-top: 1px solid black;"/>
<input type="checkbox"/> _____	<hr style="border: 0; border-top: 1px solid black;"/>
<input type="checkbox"/> _____	<hr style="border: 0; border-top: 1px solid black;"/>
<input type="checkbox"/> _____	<hr style="border: 0; border-top: 1px solid black;"/>
<input type="checkbox"/> _____	<hr style="border: 0; border-top: 1px solid black;"/>
<input type="checkbox"/> _____	<hr style="border: 0; border-top: 1px solid black;"/>
<input type="checkbox"/> _____	<hr style="border: 0; border-top: 1px solid black;"/>
<input type="checkbox"/> _____	<hr style="border: 0; border-top: 1px solid black;"/>

**Total hours per week
spent on mandatory monitoring**

Other Monitoring Activities

<u>Activity</u>	<u>Estimated Hours a Week</u>
<input type="checkbox"/> Review contractor written self-assessment	_____
<input type="checkbox"/> Review of billing and payment history	_____
<input type="checkbox"/> Review of contractor reports	_____
<input type="checkbox"/> Survey of clients	_____
<input type="checkbox"/> Survey of social workers	_____
<input type="checkbox"/> Off-site questionnaire (desk monitoring)	_____
<input type="checkbox"/> On-site inspection or visit	_____
<input type="checkbox"/> Review of contractor audit reports	_____
<input type="checkbox"/> Review of contractor corrective action plans	_____
<input type="checkbox"/> Program monitoring	_____
<input type="checkbox"/> Performance verification from other sources	_____
<input type="checkbox"/> Review of other resources	_____
<input type="checkbox"/> On-site visits for other than monitoring	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
Total hours per week spent on other monitoring activities	_____

Contractor Risk Factors

Contractor: _____

Contract #: _____

For each checked box, rate the risk factors associated with the contractor named above on a scale of 1-5, with 1 representing the lowest risk.

	<u>Risk Factor</u>	(max 5 pts)
		<u>Risk Points</u>
<input type="checkbox"/>	Contract monitoring is required by law or regulation (such as the Single Audit Act.)	_____
<input type="checkbox"/>	Contracts involving large dollar amounts (\$100,000 or more)	_____
<input type="checkbox"/>	New contractors	_____
<input type="checkbox"/>	New service	_____
<input type="checkbox"/>	Contractors with multiple government funding sources	_____
<input type="checkbox"/>	Contractors with current or past (within 2 years) performance problems	_____
<input type="checkbox"/>	Service involving care or supervision of clients	_____
<input type="checkbox"/>	High profile contractors or service	_____
<input type="checkbox"/>	Funding source does not require an audit	_____
<input type="checkbox"/>	Contractor has experienced large amount of staff turnover	_____
<input type="checkbox"/>	Contractor has not had a comprehensive site visit from any DSHS administration within the past 2 years	_____
<input type="checkbox"/>	Contractor with current or past (within 2 years) billing problems	_____
<input type="checkbox"/>	Contractor with current or past (within 2 years) audit findings	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
Total Risk Points		_____

Risk Factors Summary

<u>Risk Factor</u>	<u># of Contracts</u>
<input type="checkbox"/> Contract monitoring is required by law or regulation (such as the Single Audit Act.)	_____
<input type="checkbox"/> Contracts involving large dollar amounts (\$100,000 or more)	_____
<input type="checkbox"/> New contractors	_____
<input type="checkbox"/> New service	_____
<input type="checkbox"/> Contractors with multiple government funding sources	_____
<input type="checkbox"/> Contractors with current or past (within 2 years) performance problems	_____
<input type="checkbox"/> Service involving care or supervision of clients	_____
<input type="checkbox"/> High profile contractors or service	_____
<input type="checkbox"/> Funding source does not require an audit	_____
<input type="checkbox"/> Contractor has experienced large amount of staff turnover	_____
<input type="checkbox"/> Contractor has not had a comprehensive site visit from any DSHS administration within the past 2 years	_____
<input type="checkbox"/> Contractor with current or past (within 2 years) billing problems	_____
<input type="checkbox"/> Contractor with current or past (within 2 years) audit findings	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

OCVA Procedure for Risk Assessment Tool (RAT)

Updated September 2003

1. A cover letter and Contractor Information Form (CIF) will be mailed to each client service contractor. For contracts on the state fiscal year of July to June, this request will be sent by July 15, of the first year of each biennium. For contracts on the federal fiscal year, the remaining contractors' requests will be sent by October 15, of the first year of the biennium. For all other remaining contracts with a different fiscal year, the request will be sent within 30-days of the date of contract execution.
2. The mailing of the cover letter and CIF will be accomplished in a coordinated, unit-wide manner.
3. The **PA** will set up a RAT database for each contractor and save it in a folder for that particular fiscal year. A new folder shall be created each fiscal year, so that past assessments, notes, and scores can be kept and reviewed. Included in the RAT file is the date the CIF was sent to the contractor, the date requested materials were returned to OCVA, and the date the RAT was completed. For shared contracts, each PC should include the date she/he completed the RAT specific to the program.
4. The PA receives the materials, records the date the materials were returned from the agency, and puts original materials in the central files for that contractor. The PA will then send an email to all PCs, listing the contractors who have sent materials in to OCVA. Individual PCs have the responsibility of gathering materials for the contractors for whom they are the coordinator.
5. Each PC completes the assessment tool and notes the score for each program. Each program should do its own assessment and scoring of shared contractors. The total score is added up and noted at the end of the tool.
6. The RAT score determines a gradation of consequences. Due to significant differences in volume and program complexity, there are two different responses.

VAWA/DVLA	SEXUAL ASSAULT
<p>LOW – Site monitoring visit is not necessary/desk monitoring sufficient. Desk monitoring is defined as: Conduct RAT, review 1 month of backup, ensure required data reports are submitted, and track spending.</p>	<p>LOW – Site monitoring visit is not necessary/desk monitoring sufficient. Desk monitoring is defined as: Conduct RAT, review 1 month of backup, ensure required data reports are submitted, and track spending.</p>

VAWA/DVLA	SEXUAL ASSAULT
<p>LOW MEDIUM – Site monitoring visit is not necessary/desk monitoring sufficient but must be conducted no later than six months after RAT.</p> <p>Desk monitoring is defined as:</p> <p>Conduct RAT, review backup for two invoices, ensures required data reports are submitted, and track spending.</p>	<p>LOW MEDIUM – Site monitoring visit is not necessary/desk monitoring sufficient.</p> <p>Desk monitoring defined as:</p> <p>Conduct RAT, review one month of backup, track spending, and conduct desk review of data reports mid-biennium.</p>
<p>HIGH MEDIUM – Requires an on-site visit within the biennium. Consultation is required if 2 or more programs scored high medium.</p>	
<p>HIGH – Action regarding this particular contract would begin immediately. That action may be to require back-up documentation or other appropriate action, to be determined with consultation of the PC with the PM. If this is a shared contract, there should be joint consultation and a joint visit might be scheduled. An on-site monitoring visit would be more extensive and occur within nine months. If two or more programs score high, then consultation between PCs must occur, and a joint site visit may be appropriate.</p>	

7. It is expected that this entire process will be coordinated amongst all programs and staff of OCVA. It is expected that site visit scheduling is shared and coordinated amongst all OCVA staff and programs. Contractors should not be asked for the same information multiple times or from multiple sources. Contractors should not be asked for information we have at hand or have access to within our own information systems.
- ★ Each PC has a list of shared contracts in order to determine which of her/his contracts may require consultation/input of other PCs within the unit during the RAT process.

Contractor Information Form

Agency: _____ **Date:** _____
Form Completed by: _____ **Phone:** _____

Please include the following information when completing this form:

- Copies of minutes from your three most recent Board of Directors' Meetings
- The agency's most recent annual report

Agency Funding

What is your approximate annual program budget for (including all funding sources):

Sexual Assault Services: _____

Domestic Violence Services: _____

How much federal funding does your agency receive annually? _____

In the past two years, has the agency expanded services or created new services?

☐ YES ☐ NO

If yes, please describe: _____

If yes, what new or existing resources support this expansion in services?

In the past two years, has the agency downsized? ☐ YES ☐ NO

If yes, please describe: _____

Has the agency had any contracts terminated in the past two years? ☐ YES ☐ NO

If yes, please describe: _____

Please list funding sources other than OCVA who monitor contracts or conduct site visits with your agency:

Is your agency subject to an audit? ☐ YES ☐ NO

If yes, have there been any audit findings or exceptions in the last five years? ☐ YES ☐ NO

If yes, please describe: _____

Please describe any audit findings that remain *unresolved*: _____

Does your agency (if not required) get an audit, and if so, how often? ☐ YES ☐ NO

How often? _____

Agency Staff and Volunteers

How many volunteers currently support your agency? _____

Please describe the role of volunteers in your agency: _____

Please list any new agency management staff (and their positions) who have joined the agency since July 1, 2002:

APPENDIX A

Please list any new program staff who have joined the agency since July 1, 2002:

Please list any positions that are currently vacant within your agency:

Has the agency recently restructured?

☐ YES

☐ NO

If yes, please describe:

Policy and Legal Issues

Is there any litigation pending against the agency?

☐ YES

☐ NO

If yes, please describe:

I attest that the above is true and correct:

Signature

Date

OCVA Risk Assessment Tool

(Revised May 2003)

Agency: _____

Date Contractor Information Form (CIF) Sent: _____

Date CIF Materials Returned to OCVA: _____

	Answers	Points	DVLA	SA	STOP
How many months since last routine site visit?	12 mo	0 pt			
(program or fiscal?)	24 mo	5pt			
	36 mo	10 pt			
Were concerns raised after the last routine site visit?	Yes	10 pt			
	No	0 pt			
If there were concerns raised, were they addressed by the contractor satisfactorily?	Yes	0 pt			
	No	10 pt			
Is there any undecided litigation pending against the contractor?	Yes	10 pt			
	No	0 pt			
Are we the only entity that monitors contracts?	Yes	10 pt			
	No	0 pt			
Is quarterly or monthly data submitted in a timely manner?	Almost always	0 pt			
	Sometime	5 pt			
	Rarely	10 pt			
Is data complete, accurate, filled out correctly?	Almost always	0 pt			
	Sometime	5 pt			
	Rarely	10 pt			
Is the organization subject to accreditation requirements?	Yes	0 pt			
	No	10 pt			
Has the organization had any difficulty obtaining accreditation, if required?	Pass	0 pt			
	Provisional to full	10 pt			
	Low to provisional	15 pt			
	Fail	20 pt			
Does the agency sub-contract for services?	No	0 pt			
	1-2 Subcontracts	5 pt			
	3+ Subcontracts	10 pt			
Are volunteers involved in the delivery of the program?	No	0 pt			
	Yes	10 pt			

APPENDIX A

	Answers	Points	DVLA	SA	STOP
How many contractor-initiated amendments have been made	0 – 1	0 pt			
during the contract period?	2 – 3	5 pt			
	3 +	10 pt			
Have responses to OCVA correspondence and requests for	Almost always	0 pt			
Information been timely and complete?	Sometime	5 pt			
(Including RFQ/P/Application deadlines and thoroughness)	Rarely	10 pt			
Has there been prior history of contract compliance issues?					
If the contractor has had any of the following actions, assign the					
Points corresponding to the action:					
1. Correspondence (reminding of late vouchers, data)		5 pt			
2. Corrective action (asking for more info, back-up, etc.)		10 pt			
3. Suspension of vouchers (holding vouchers because of		15 pt			
no response to 1 or 2 above)					
4. Probation		20 pt			
How often has there been contractor-initiated communication,	Frequently	10 pt			
indicating a lack of understanding of contract	Occasionally	5 pt			
requirements?	Rarely	0 pt			
Has there been excessive turnover of agency management?	< 1% in 24 mo	0 pt			
(i.e., executive director, accounting staff, etc.)	1-40% in 24 mo	5 pt			
	> 40% in 24 mo	10 pt			
Has there been excessive turnover of program staff?	< 1% in 24 mo	0 pt			
(i.e., program director, advocates, other direct service	1-33% in 24 mo	5 pt			
Staff, clerical staff?)	> 33% in 24 mo	10 pt			
Has the organization experienced any recent major	No	0 pt			
restructuring?	Yes	5 pt			
Does the board take an active role in directing the organization,	High	0 pt			
establishing management policies and procedures and	Medium	5 pt			
monitoring the organization's financial and	Low	10 pt			
programmatic performance?					
What is the total amount of this contract?	< \$25,000	0 pt			
	\$25 – 100,000	5 pt			
	> \$100,000	10 pt			
What level of experience does the contractor have with	6+ yrs	0 pt			
OCVA contracts?	2-6 yrs	5 pt			
	0-2 yrs	10 pt			

	Answers	Points	DVLA	SA	STOP
Does this agency have multiple contracts with OCVA?	No	0 pt			
	Yes	5 pt			
If so, have there been problems or difficulties with any of the	No	0 pt			
other programs?	Yes	10 pt			
How would you rate their voucher history?	Excellent	0 pt			
(complying with voucher requirements, including	Good	5 pt			
timelines, and accuracy)	Poor	10 pt			
Does the agency bill the contract monthly by 1/12 th ?	No	0 pt			
	Yes	10 pt			
Does this contract represent a significant portion of the total	< 11%	0 pt			
program funding?	11 – 49%	5 pt			
(what is the percentage?)	> 50%	10 pt			
Is the entity subject to an audit?	Yes	0 pt			
	No	20 pt			
Have there been any audit findings or exceptions in the last five	Yes	5 pt			
years?	No	0 pt			
Are there any unresolved audit issues?	Yes	5 pt			
	No	0 pt			
Has the organization had any contracts terminated in the	Yes	15 pt			
past two years?	No	0 pt			

Range:

0 – 79	Low
80 – 157	Low Medium
158 – 235	High Medium
236 – 315	High

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TOTAL RISK ASSESSMENT

Date RAT completed: _____

APPENDIX A

Here are some additional questions/concerns to share with each other. Add additional areas of concern, when applicable.

Are there any known conflicts between the Board and the staff?

Are there any known conflicts between the Director and the other staff members?

Are there any concerns about the quality or quantity of services being provided?

Are the concerns of such a magnitude that it warrants consideration of additional language in the statement of work, in order to be sure that quality services are being provided to victims or to be a better steward of public funds? If so, explain your rationale. (If PC is making recommendations here, there should also be consultation with the program manager.

Additional notes (this could include program events, positive observations, etc.)